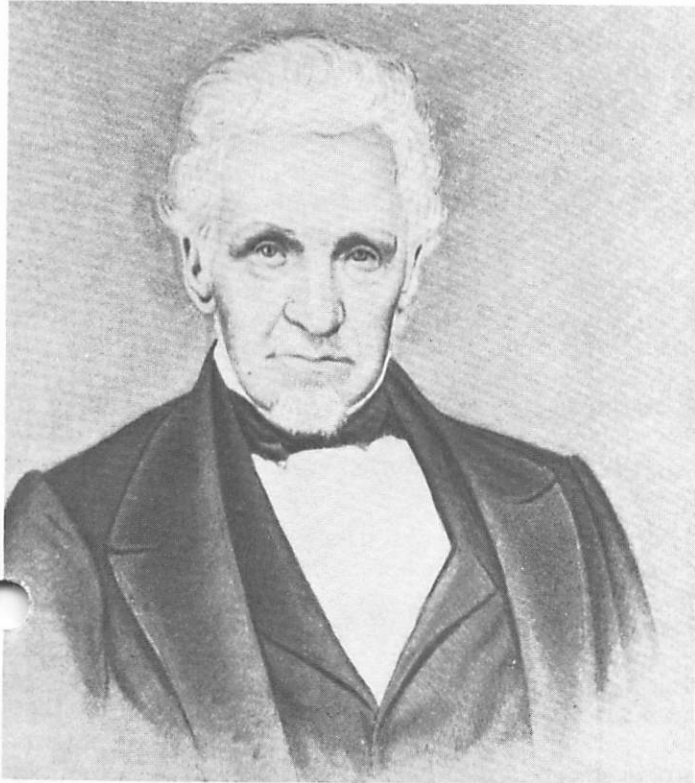


# The Bethel Courier.

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BETHEL HISTORICAL SOCIETY



Dr. John Grover (1783-1866), Bethel's First Native-Born Resident Physician

## 19th CENTURY MEDICINE IN BETHEL, MAINE

by Joyce Wanger

*Editor's Note: This article is a portion of a paper completed as part of a graduate independent study course by Mrs. Wanger under the supervision of Society Director Stanley R. Howe, Ph.D. for West Virginia University in 1989. Mrs. Wanger completed an internship at the Bethel Historical Society in 1989-90 for a M.A. in Public History. The bibliography and notes have not been included here for space reasons. Anyone wishing to refer to them should contact the Society.*

The nineteenth century was a time of great change in the practice of medicine in the United States. In the early decades of the century, medicine had very little real scientific basis and not much to offer but comfort or ineffective and often harmful treatments. In short, medicine was more art than science. Doctors were sometimes self-appointed, self-educated and rarely able to earn their entire livelihood from medical practice. By the last quarter of the century, the field had evolved and progressed to the formulation of the groundwork of modern scientific medicine. Doctors were beginning to have something of real

value to offer the sick. In an address to the Johns Hopkins Historical Club at the turn of the twentieth century, William Osler, the great hero of American medical education, summarized the material, social, intellectual and moral achievements of the nineteenth century but emphasized that none of these could compare to the gains made in the decrease of physical suffering of man in accident or disease that had been won in that century.

Bethel, in that century, reflects these changes in the practices of the physicians that served the medical needs of this small, rural, agriculturally-based community of western Maine. The extant medical information for Bethel physicians generates a picture not unlike that of nineteenth century medicine in general. As in the rest of the country, there was a range of education, skill, interest in medical politics, and dedication to the profession. There were, as well, unique conditions in Bethel that separated medical practice from the "typical" practice of the time. Bethel's severe winter climate made travel relatively more difficult in both winter with deep snowcover, and in spring with the resulting mud and flooding that accompany snow melt. Bethel's location in the foothills of the White Mountains with its great natural beauty resulted in a summer tourist population that discouraged provincialism that commonly develops in remote rural areas. But, in general, Bethel's medical community represented the microcosm of nineteenth century medical practices. It was the opinion of one early twentieth century Maine physician with an interest in medical history that Bethel had the reputation in 1820 (at statehood) of "... having within its borders three of the ablest medical men in the State ..."

The medical profession's presence in Bethel, however, predates Maine statehood. Bethel, founded as Sudbury Canada in 1768, was incorporated as the town of Bethel in 1796. The early settlers who occupied the land in Sudbury Canada were ministered to by Molly Ockett. She had an extensive knowledge of roots, barks, and herbs from which she concocted salves, drinks, and poultices for the sick. She was often called upon as a midwife to attend women of the region at childbirth. Alice Morse Earle envisioned the Indian squaw, Molly Orcutt, much like Hiawatha who:

"Wandered eastward, wandered westward  
Teaching men the use of simples,  
And the antidotes for poisons,  
And the cure of all diseases."

For the attentions of any medical problems beyond the scope of those offered by the area's last resident Indian, the early settlers had no choice except to travel to, or send for a physician from Fryeburg, a distance of 30 miles. There were, however, two brief sojourns of medical men in Bethel during the period between the Revolution and

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1800. The first was that of a Dr. Martin who came to Bethel with Baron Steuben. Bethel's nineteenth century resident historian, Dr. N. T. True, used the term "vagabond" in reference to Dr. Martin suggesting that perhaps it was just as well that his stay in Bethel was brief. Lapham, in his history of Bethel, makes reference to Dr. Martin's intemperate habits as a reason for his lack of acceptance in the community. In the eighteenth century there was a lot of indiscriminate use of the title "doctor" so it was rather difficult to evaluate any doctor's legitimacy in the profession on anything but personal traits. The term "physician" generally became equated to a medical education only after the proliferation of medical schools in the nineteenth century.

A more serious attempt at residence was made by Dr. John Brickett who came to Bethel in 1796, most likely from Haverhill, Massachusetts, although accounts of his point of origin differ. Dr. True suggests that Dr. Brickett left Bethel in 1798 for Newburyport in search of a more extensive population to support a medical practice. But was the population of Bethel in 1798 insufficient to support a physician? The first census of Bethel or Sudbury Canada in 1790 counted a total population of 324 persons distributed among a community with 60 heads of families. By the second census in 1800 the population had grown to a total of 622 persons and 105 heads of families. Dr. Brickett seems to have left Bethel, a community with no other known physician, during a decade that experienced a doubling of the population. Just one year later, in 1799, Bethel received its first permanent physician. It is likely that Dr. Brickett's reasons for relocating involved other factors as well.

The doctor to patient ratio for Bethel in 1798 when Dr. Brickett departed was 1:562, assuming population increase was evenly distributed over the decade. By comparison, the doctor to patient ratio for the country in general in the year 1790 was 1:950 with physicians well distributed throughout rural areas. Massachusetts, on the other hand, had one of the highest concentrations of physicians in the country. In 1780 the ratio for Massachusetts stood at 1:417. Bethel, in 1798, certainly was of a reasonable size to support a physician when the population of surrounding communities are included. It was not uncommon, however, for a first location to prove unsatisfactory for physicians of that day when so much depended on "... successful courting of patients."

It took courage to strike out to an unfamiliar community at the end of the eighteenth century in hopes of earning a livelihood through the practice of medicine. Medicine in eighteenth century America did not enjoy a popular position. One writer of the eighteenth century credited the proprietors of New Jersey with luring settlers to the New World by describing it as "... a Place free from those 3 great Scourges of Mankind, Priests, Lawyers, and Physicians." Many New England families used doctors only as a last resort. Popular ideas of medical care were instead shaped by folk custom, superstition, theology, and even political ideals. Theologians preached that suffering produced humility, fortitude, and devotion to God. Physicians themselves often attributed death to "divine will." Superstition ruled with reluctance to interfere with providence by giving food and water to the gravely ill who had been "struck with death." Faith instead was placed in supernatural healing powers of such persons as "the seventh son of a seventh son." Public skepticism ran high in rural, preindustrial

communities where political ideals of self-reliance tied to democracy oriented Americans to dealing with most problems within their own family units. Only rarely was the intervention of a physician sought.

Considering the treatments administered by eighteenth and early nineteenth century physicians when their intervention was called for, it is little wonder that their services were utilized infrequently. The *Boston Medical and Surgical Journal* as late as 1836 stated that, "The fact is there are dozens of doctors in all great towns, who scarcely see a patient from Christmastime to Christmas-coming." The chances of earning a living solely from medical practice was small and most physicians combined medicine with a second occupation. Any respect and affluence enjoyed by physicians was usually the result of their own personal qualities or those of their family than a result of their medical practice.

The medical practices that generated this severe skepticism were the result of confused understandings of the basic nature of illness in a time when many doctors, both European and American, still adhered to ancient Greek dogmas set forth by Galen that presented disease as "... caused by a morbid state of the four 'principle humors' -phlegm, blood, bile and black bile." To treat disease it was necessary to reduce the excesses of these humors in the body. The mainstays of medical care aimed at reducing the humors were venesection or phlebotomy and cupping, use of leeches, blistering, induced sweating, administering emetics to cause vomiting, and giving purgatives to empty the intestines.

Collectively these harsh treatments are referred to as "heroic measures" which were largely advanced in America by Benjamin Rush. At the end of the eighteenth century Rush dominated American medicine with his influence predominating until 1823 when his ideas were questioned. By 1843 his purging treatments were almost universally condemned among the learned medical professionals. But prior to their rejection, these rigid treatments were so "... enervating that the learned doctor often did less to cure than to kill the patient." What possibly could have been the basis for so much "learned error?"

Rush's heroic therapy developed from his experiences with a yellow fever epidemic in Philadelphia in 1793. In part, it was based on an old manuscript given to him by Ben Franklin. This manuscript described a treatment for yellow fever used in Virginia in 1741. It suggested the need to purge the stomach and intestines of blood and putrefying matter. Rush related this to his familiarity with the so called "Ten-and-Ten" purgings used during the Revolutionary War which employed ten grains of calomel and ten grains of jalap to produce a violent emetic and cathartic reaction. Rush proceeded to experiment on yellow fever victims with such purgings, combining them with the centuries old treatment of bleeding. Convinced that his methods effected a "cure", Rush expanded his theory to a larger medical doctrine of the unity of disease stating, "... there is but one disease in the world..." Rush believed this one disease was caused by vascular tension treatable by bleeding and purgings.

What seems most surprising about these extreme treatments employed by Rush is that they were adopted with such relish by the medical profession. However, bleeding was a treatment of long standing for victims of fever. Without our modern understanding, early nineteenth century medicine thought of fever as a disease in



and of itself. Fever was the one subject that commanded more attention than any other. There was a great deal of controversy as well over the differentiation of fevers. But on one point medical men seemed to largely agree. Bleeding of a feverish patient was followed in a few minutes by loss of flushed skin, delirium disappeared, high temperatures dropped, and a copious sweat began. All these occurrences were taken as proof that the fever had been broken. Rush took this treatment to the extreme and then combined it with large doses of purgatives that surprisingly was not questioned to any degree. A probable explanation for this is that Rush enjoyed a prominent position in American medicine and was well-known generally as a signer of the Declaration of Independence. Moreover, he was a kindly individual who showed a contagious enthusiasm for his practices. With little real understanding of medical principles at the time few would have considered challenging his authority.

New Englanders, however, never fully swallowed these radical ideas and drastic treatments. Historian Riznik attributes this departure from the mainstream to New England's empiric rather than theoretical approach to health. Patients expressed a great deal of confidence in the healing power of nature and engaged in a lot of preventive measures. New England physicians often criticized excessive bleedings and dosing with chemical medicines although both were used to some degree by New England physicians. Dr. James Ayer, a prominent and successful Boston physician who was educated at Maine Medical School in 1839, and whose father studied medicine with Dr. Carter of Bethel, recorded that he had always been conservative in regard to venesection and never had been an advocate of heroic treatments. Rush based his recommendations for bleeding on erroneous thoughts of how much blood was contained in the human body. His estimate was nearly twice the actual blood volume of the body. Close adherence to his philosophy could undoubtedly endanger many lives if not actually kill patients. The reaction that effected his so-called "cure" of the fever was actually a reaction of physiologic shock in a patient due to the loss of such a large volume of blood. It was not uncommon to bleed a patient in seven or eight episodes over a period of ten days with a total loss of a gallon of blood.

This, then, was the medical climate when Bethel welcomed its first permanent physician, Dr. Timothy Carter, in 1799. This date correlated with the time when most New England towns had their own resident physician. Because doctors enjoy a unique position, interfacing with all strata of their community, there is a great potential for the physician to make observations on society that are gained from their presence at critical transitions in peoples' lives. A few physicians have recorded such historically significant

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### EDITOR'S CORNER

Several alert readers of the COURIER caught an error in the last issue in my article on Lucy Larcom. On page 1, second column, 6th paragraph, the second sentence should read: "She was in short a very successful poet in her lifetime, but her work did not endure; as a result her poetry is nearly unknown today." The very important "not" was inadvertently omitted. I regret any confusion this omission may have caused.

SRH

### PRESIDENT'S COLUMN

With thanks to all those who made my election possible, I look forward to serving as president of the Bethel Historical Society. In the decade I have been with the Society, it has continued to expand in many ways. Its genealogical holdings have increased markedly. General collections continue to grow. An annual fund raising effort to increase the endowment is very successful. Educational programs for students have grown. The Society now sponsors an Elderhostel with Sunday River Inn. Publications appear regularly with a pictorial history of Bethel in progress at the present time. Membership has steadily increased and attracted a growing number of businesses and corporations. I hope to discuss some of these growth areas in more detail in future columns in the COURIER.

Jane W. Hosterman

### 1990 ANNUAL MEETING

The Society's 25th Annual Meeting was held on September 6 at the Dr. Moses Mason House meeting room. The traditional pot luck supper organized by the Special Projects Committee preceded the meeting.

During the business portion of the meeting, the Nominating Committee consisting of Alden Kennett, chairman, representing the Board of Trustees and Betty Perkins and Randal Stevens from the general membership, presented the following slate of officers and trustees: President, Jane W. Hosterman; Vice President, Charles Raymond; Secretary and Clerk of the Trustees, Walter Hatch; Treasurer, Margaret Joy Tibbetts; Trustees for Three Years: Marvin Ouwinga and John Bayerlein. The slate was approved by the membership without dissent.

Outgoing president, Dr. Marvin Ouwinga reported some of the highlights of the past year since the last annual meeting. Seventy nine new members were added to the rolls including both businesses and individuals. Fifteen members were lost to death and a moment of silence was held after the reading of their names. Dr. Ouwinga reported donations of artifacts to the collection from over 50 donors during the past year. He recalled very successful annual events including Homecoming Day, "Christmas with the Masons", Heritage Day, Faye Taylor Memorial Art Show, Dr. Mason's Birthday Party, and Sudbury Canada Days. The president reported that once again there had been a number of entries in the local history essay contest for Telstar and Gould students with Deborah Barker winning this year's Dr. Moses Mason Award for her history of the Bethel Fire Department. He observed that once more the Society's headquarters were used to host a number of gatherings including the spring meeting of the Oxford County League of Historical Societies, the Mason Family and the Maine Kimballs. He noted that the 1989 Marjorie MacArthur Noll Volunteer Service Award had been presented to Barbara Herrick Brown at the last annual meeting.

The retiring president reported that the Society remained in sound financial health with the 1989 annual audit presented for anyone to examine. The 1989 annual Endowment Campaign surpassed the goal Dr. Ouwinga announced and the response to the 1990 drive appeared to be encouraging. He announced that the most ambitious project of the Society was now underway — pro-

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1990 ANNUAL MEETING. Left to right: Newly elected Society President, Jane W. Hosterman; Society Director, Stanley R. Howe, who presented the 1990 Marjorie MacArthur Noll Volunteer Service Award to Persis Post; retiring president (and new trustee) Dr. Marvin Ouwinga; Dr. Robert M. York, State Historian and annual meeting speaker. Photo courtesy of Donald S. Brown.

ducing a pictorial history of Bethel. He praised the work of a graduate student intern in planning the book (Joyce Wanger) and expressed confidence in the publication skills of Society Curator of Collections, Randall Bennett, who has been selected to produce the book. The president expressed the Society's gratitude to the William Bingham II Trust for Charity and the Bingham Betterment Fund for their support in making the book's preparation possible. This project was the central focus of the Society's Maine Street '90 effort, a statewide community pride program. Dr. Ouwinga closed his remarks by thanking all the volunteers, committees, fellow officers and trustees, plus the staff who had made his tenure so successful.

Society Director, Stanley R. Howe, then presented the 1990 Marjorie MacArthur Noll Volunteer Service Award to Persis Post, life member of the Society and faithful volunteer for more than ten years. Established in 1987, the award honors the memory of an outstanding volunteer who died in 1985.

Mrs. Post, a Connecticut native, graduated from Columbia University Teacher's College and was a teacher for more than forty years before her retirement. Long active in teacher organizations and a former president of the Oxford County Retired Teachers, she is also a member of Delta Kappa Gamma. An associate member of the West Parish Congregational Church, she is also a volunteer for the Bethel Library. Married to Archibald Post in 1948, she is grandmother to several grandchildren and great grandchildren.

Long active in the Bethel Historical Society, she has served as head of the Special Projects Committee and as a faithful guide in the Society's museum. A former member of the Board of Trustees, she has also been active in assisting with student groups. "She is ready to help wherever possible just like Marge Noll always was," said Howe in summing up Mrs. Post's many contributions.

Speaker for the meeting was Dr. Robert M. York, State Historian, who made an interesting slide presentation titled "500 Miles of Maine Trolleys."

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ficant comments such as those of the Southern plantation physicians regarding the treatment of slaves. However, for most nineteenth century physicians no such record survives. Any hopes of reconstructing Dr. Timothy Carter's practice are met with frustration. Oliver Wendell Holmes as early as 1869 observed that hard working rural doctors "... rarely (leave) any permanent record. . ." of their careers. This is not surprising when we consider the difficult travel and long unpredictable hours they spent on their practice. In addition, most had a second means of income to demand their attention. Undoubtedly Dr. Carter could relate to the nineteenth century doctor who declared that he had spent half of his life in the mud and the other half in the dust. Carter's practice covered settlements along the Androscoggin River from Dixfield to the east to Shelburne, N.H. to the west, a distance of 50 miles. Making his rounds on horseback, he often made his way to a sick patient's house following the path through the forest made by spotted trees, or in other words, trees debarked to indicate the road to take.

What motivated a young physician to locate in an area that was not home to his ancestors and where his work forced him into long lonely trips in all kinds of weather? Dr. Carter was born in Ward, Worcester County, Massachusetts, in 1768. He studied medicine with Dr. James Freeland of nearby Sutton and after marrying the doctor's daughter, he went into partnership with his new father-in-law. In the late eighteenth century, Worcester County, Massachusetts had one of the highest concentrations of physicians in the country. Young Dr. Carter in that position would likely look for a more open field in which to begin a profession that was at best marginally profitable. The few years in partnership with his preceptor was common practice that added to the medical experience of the young doctor whose credentials to practice medicine most likely were a certificate from Dr. Freeland attesting to his medical abilities and good character. Bethel proved to be a good choice for Dr. Carter and his young family who settled at Middle Intervale. His practice grew rapidly and flourished. By 1816 his success enabled him to begin construction of one of the finest Federal style houses in Bethel, a home patterned after that of Dr. Freeland in Sutton, Massachusetts.

Like many early nineteenth century physicians, Dr. Carter supplemented his income from medical practice with other activities. In these years, a doctor saw, at most, an average of five to seven patients in a day's time. Existing fee schedules list an entire day's earnings at \$5 to \$10 with the typical office visit costing \$1.00 to \$1.50 depending on procedures employed and medicines given. If much travel was necessary, the physician would likely see many fewer patients in a day. The physician did, however, usually charge for travel. A typical fee for travel in the early nineteenth century (largely the same throughout the U.S.) was:

less than 1/2 mile	.50
1/2 to 2 miles	1.00
2 to 4 miles	1.50
4 to 6 miles	2.50

Dr. Carter was postmaster at Middle Intervale but probably a greater contributor to his income was his teaching of medical students. Dr. James Ayer, the prominent Boston physician mentioned previously, was the son of a physician who had studied with Dr. Carter in 1805. The



younger Dr. Ayer remembered Dr. Carter as highly esteemed, the best known physician of the Bethel area, and one who had many pupils. Bethel historians, Lapham and True, both acknowledge that Dr. Carter had numerous students.

This sort of preceptor or apprentice system became the primary method of gaining professional status in the American colonies and continued through the mid-nineteenth century. During the eighteenth century only one of every nine physicians in Virginia, for example, had received a formal education. This seems to have been representative of the other colonies as well. By 1776, there were 3,500 medical practitioners in the new nation but only 200 of these possessed medical degrees. Several reasons for this approach to training are obvious. Few Americans could afford to study in Edinburgh, London, or Paris. Those who did pursue such studies found the organization of medicine into specialties that separated physicians, surgeons, and apothecaries, as they did in Europe, was not applicable in the rurally dispersed population of America where medicine combined these functions. The apprentice system combined theory and practice in an efficient system for the transfer of knowledge. Additionally, there were only two medical schools that predated the Revolution, one in Philadelphia and one in New York. New England schools established before 1810 were at Harvard in 1782 and Dartmouth in 1798. Dartmouth's faculty until 1810 was a single professor. Moreover, these schools offered purely lecture courses with no clinical training or laboratory experience.

Many successful physicians were satisfied with this apprentice system. For example, the Clark family of Boston, the most prominent medical family of the colonial period, educated six generations in this system from the first John Clark (who possibly held an English degree when he came to the colonies in 1638) through the seventh John Clark who received an M.D. in 1802. None of these highly successful doctors had any formal instruction.

But family ties aside, many doctors in practices like that of Dr. Timothy Carter supported the preceptor system because it afforded the opportunity of supplementing their marginal income without diverging from the medical field. A similar combination of medical careers was that of the physician/apothecary. It was the usual practice for physicians to compound and dispense their own medicines but some added to this the sale of patent medicines.

A physician with a good reputation could profit quite well from the preceptor arrangement. Students usually paid a fee of \$100 per year and agreed to remain with the doctor for various periods of time ranging from two to five years. During this period, the apprentice lived with the physician and his family and carried out a wide range of duties that could vary from currying the doctor's horse to compounding medicines. This educator role was quite compatible with Dr. Carter's interests in education generally. Much of the credit for raising the standard of education in Bethel in the early decades of the nineteenth century is awarded to him. In his position as Superintendent of Schools, he was reported to have provided books, supplies and repairs to the schools, taking nothing in return.

From Dr. Carter's professional practice there is but a single letter from the year 1829 asking for his advice and attendance for a "dangerously sick" Captain Samuel Rawson of Paris. From the description of treatments

already administered to this patient by other physicians, it is evident that bleeding, purging with calomel, blistering, use of opium and other chemicals, as well as herbal remedies were the usual therapies applied in the region. The degree of advocacy that Dr. Carter shared for these treatments is not known. It cannot be assumed that because Dr. Carter was one of the seven original signers of the temperance pledge in Bethel in 1828 that moderation in the use of medicines, etc. would be a natural tendency. Dr. Benjamin Rush, the ultimate advocate of heroic measures, was a very early advocate of temperate use of distilled spirits. We do know that Dr. Carter enjoyed a successful practice in Bethel and is reported to have generated feelings of admiration and respect with a "... commanding, stately personality..." In Dr. True's analysis, he was a gentleman of the old school.

For fourteen years Dr. Carter was the sole practitioner in Bethel with no colleagues nearby to consult in questionable circumstances. But perhaps in an era of independent medical education, isolation in practice had its benefits. As Rush declared in 1793, "A Mahometan and a Jew might as well attempt to worship the Supreme Being in the same temple, and through the medium of the same ceremonies, as two physicians of opposite principles and practices attempt to confer about the life of the same patient." Dr. Carter must have been quite pleased that his first doctor neighbor was a Bethel resident and one who had studied medicine with a physician he himself had educated.

This new physician neighbor was Dr. Moses Mason who began practice in Bethel in 1813 after studying education and medicine with his brother-in-law, Dr. James Ayer, of Newfield. It was Dr. Ayer who learned medicine from Dr. Carter and presumably shared his medical philosophy. On his return from Newfield, Dr. Mason and his new wife built an elegant Federal style house on Bethel Common where he began receiving patients. A year later, Dr. Mason took on the added responsibility of first Postmaster of Bethel. The several reports that exist on Dr. Mason's medical practice suggest that he had a lucrative and successful practice but hasten to add that medicine was not his great consuming interest. Perhaps Dr. Spalding, who compiled an early review of Maine's medical professionals, summarized Dr. Mason's life well when he wrote, "In a word, he was a nice man for the town (of Bethel), a plain country doctor, and kind to his patients. Other than that, he cannot be called a shining light in medicine."

And, indeed Dr. Mason was good for the town serving in numerous capacities including that of sawmill owner, landholder, selectman, Justice of the Peace, postmaster, county commissioner, and member of the Board of Trustees of Gould Academy. With the passing years Dr. Mason's interest in medicine became largely overshadowed by his increased involvement in public affairs. Except for his appointment as a Trustee of the Insane Assylum at Augusta in 1844, Dr. Mason largely abandoned the practice of medicine upon his election to Congress in 1833. As an educated physician serving in Congress, Dr. Mason was not especially unique. Between 1800 and 1860 at least seven, and more usually twelve to eighteen physicians were serving in Congress at any one time.

For Dr. Mason, the practice of medicine paled in contrast to the other activities in which he engaged. Medicine was not an especially lucrative profession. By the 1830s New England physicians rarely received more than a \$500

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yearly income. Care was most often provided on credit with physicians collecting fees quarterly or annually. In rural areas where cash was in short supply, payment was often made in kind rather than in cash. Often the doctors were not meticulous about their finances. There were deeply rooted conflicting traditions within the profession that set service against profit. Many physicians lost large portions of their income rather than press for unpaid bills. They nonetheless aired this common problem in publications of the profession. In a letter to the first secretary of the American Medical Association, the most common grievance of American physicians of the 1840s was listed as the difficulty they experienced in collecting fees.

The record book of Dr. Daniel Pierce of Kittery, Maine for the period 1780 to 1790 is organized in an especially clear fashion that underscores this situation. Entries are arranged by family units showing services provided and charges billed for all members of a given household over the decade of the ledger. It shows unquestionably how accounts were settled with cash as well as barter and how accounts often had a remaining balance years after services were rendered. Dr. Mason's own record of his total income from the practice of medicine shows that for his twenty years of practice he received \$8,000. By contrast, his 4 years in Congress paid \$6,880.

The somewhat grim economics of medicine were not helped by the state of the art in the first quarter of the nineteenth century when the major handicap of the profession was a pure and simple lack of knowledge. The low prestige of medicine further declined through the first half of the century with many newspapers attacking the excessive practices used by regular physicians. Between 1800 and 1830 there was increasing confusion in American medicine. Americans were little aware of the real progress that was being made in France in the medical sciences. This era was actually a most hopeful time in the history of medicine but ironically the time when the American public looked to medicine with the least hope. In 1835 this attitude was expressed by a Jacob Bigelow of Harvard who said, "... the amount of death and disaster in the world would be less, if all disease were left to itself."

Moses Mason, a man of unusual wisdom and numerous talents, likely realized that medicine of his day was largely experimentation. Even those with the best educations found their preparation inadequate. A contemporary of Dr. Mason, Dr. J. Marion Sims who became one of the century's greatest gynecological surgeons, related the sad story of the first patient he encountered as a new doctor in 1835. The patient was an 18 month old with chronic diarrhea but Dr. Sims reported, "I had no more idea what ailed the child or what to do for it than if I had never studied medicine." So in what seemed a reasonable approach, he turned to his medical books and gave the mother the prescribed medication. When that proved of no help, he tried another prescription from another article, repeating the same approach until, "... the baby soon died." His second patient showed the same perplexing symptoms so Dr. Sims tried the prescriptions in reverse order. Unfortunately, the same end was realized, "... the baby soon died."

For Dr. Mason's medical practice his Day Book survives but most entries related to his medical practice give few details and are simple statements of the charges rendered for various medicines. Margaret Joy Tibbett's review of the

book identified a list of medicines including camomile (a liver stimulant), sod. niter (kidney aid), sal soda (for digestion), camphor (for colds, headache), and cinchona or quinine (for fever, colds). The following entry was deciphered from the extremely difficult to read handwriting.

"Jonathan A. Russell for Extrating Bean from a childs ear with an instrument. 17"

Another extant medical document for Dr. Mason is his "diploma" or "license" issued to him in 1818. The handwritten document was issued by the Massachusetts Medical Society which was granted the privilege to do so by the Commonwealth of Massachusetts. The terms license and diploma are arbitrary labels for this document since it really is a statement of membership or acceptance of Dr. Mason by his peers in the medical society. Such peer review was listed as one of the major reasons for formation of the earliest medical societies in America. The Massachusetts Medical Society gave "letters testimonial" to those who passed an examination and practiced for three years, "in good repute." A physician could practice without this endorsement just as well, and any graduate of a medical school (of which there were but three in 1810) had just as official a license in a medical degree.

Likewise, any human who made the effort to acquire the little real knowledge of medicine that existed, could offer himself as a member of the profession. In an address before the Maine Medical Society at Brunswick in 1827, Dr. Bartlett attributed the then degraded state of the medical profession to quacks who "prowl" the country with a diploma from the patent office and urged the public to exercise judgement in their choice of physician. As late as 1850, a Massachusetts report on public health stated "Anyone, male or female, learned or ignorant, an honest man or a knave, can assume the name of physician, and 'practice' upon any one, to cure or kill, as either may happen, without accountability. It's a free country." It was for just this situation that "letters testimonial" like that of Dr. Mason, were designed to help separate the legitimate practitioners from the quacks. The same freedom that allowed quacks to practice applied equally to patients and independent New Englanders guarded their patient rights as vehemently as they guarded their freedom of speech and religion.

In 1816 the residents of Bethel had their freedom of choice of physician increased with the arrival of Dr. John Grover to medical practice in their town. Dr. Grover was born in Bethel in 1783 and throughout his youth showed great intellectual promise. He acquired a classic education to which he added a mastery of French developed by studies in Montreal. French was a valuable asset for a nineteenth century student interested in medicine. It was in France that the great awakenings of medical science were stirring. Men like Bichat and Laennec were publishing their discoveries in French texts that proved to be the foundations of modern clinical medicine.

After an extensive general education, John Grover began his medical studies with Bethel's Dr. Carter. In keeping with his great thirst for knowledge, Grover then attended two courses of lectures at Harvard University to supplement his apprenticeship experience. Around 1812, numerous medical schools began to develop offering a course of lectures that usually ran three to four months. The second course was simply a repetition of the first. Harvard, of course, had been in existence since 1782. It is



not clear that Dr. Grover received a diploma from Harvard, although two courses at that time were sufficient for such. Dr. N. T. True does not include Dr. Grover on his list of physicians with collegiate honors. Nevertheless, he was recognized as the most educated of Bethel's nineteenth century physicians. Dr. True extended his eminence by stating, "I have not met more than three or four men in the State of Maine, who could talk so understandingly on so great variety of topics as Dr. Grover." His search for knowledge continued unremittingly throughout his life with reading and study.

(to be continued in the next issue)

## MEMBER PROFILE

### ELIZABETH MASON CARTER

Born in Bethel in 1907 at what was then known as Willow Grove Farm (now known as Sunset Farm), the daughter of Herman and Pauline Dodge Mason, Elizabeth Mason Carter is a 1926 graduate of Gould Academy and the University of Maine (1930). A retired social worker, she continued her education at Simmons College School of Social Work, spending thirty two years in child and family welfare agencies in several states. As Director of USO Travelers Aid units, she served in several states during World War II. Following World War II, she served as Community Relations Manager for the Maine Publicity Bureau and as an insurance underwriter for New England Mutual Life before returning to social work in 1955. In 1961, she married Stanley Carter of Bethel, who died in 1970. She founded the National Kimball Family Association in 1968, is a founding trustee of the Middle Intervale Meeting House Society, and serves as a director of the Middle Intervale Cemetery Association. Active in the Bethel community since 1959, she continues her work in a number of organizations.

A charter member of the Bethel Historical Society, she continues to organize family gatherings of Masons and Maine Kimballs at the Dr. Moses Mason House. In 1970, she was elected to the Board of Trustees where she served as chairman and head of the Furnishings (now Museum) Committee. She chaired Bethel's first Homecoming Days in 1971 and assisted with this event in 1972, which were great successes. She was in charge of the antique exhibit for the very successful bicentenary of the Indian Raid in



*Elizabeth Mason Carter*

1981. She played a leading role in obtaining National Register status for the Society's Broad Street headquarters, the Dr. Moses Mason House in 1972. She was elected to honorary membership (the Society's highest honor) in 1982. A frequent contributor to the Society's endowment campaigns, she has also been a generous donor of artifacts to the Society's collection.

Currently one of the Society's most senior members, she continues to attend most Society meetings and functions. Her hobbies include reading, animal welfare, walking, gardening, genealogical research, photography, and collecting small antiques (fans, ABC plates, and valentines).

## IN MEMORIAM

Died, September 13, 1990, Guy Parker, Sr., Sustaining Member since 1983

Died, October 30, 1990, Laurence Bartlett, Life Member

Died, November 8, 1990, Charles Morgan Mason, Sustaining Member since 1983

Died, November 29, 1990, Consuelo Z. Alger, Life Member

## Join the Bethel Historical Society dedicated to preserving and interpreting the local past.

Membership in the Society entitles you to:

- |   |  |
|---|--|
| (1) free admission to the museum            | (5) quarterly publication                    |
| (2) special discounts at museum store       | (6) reduced course fees                      |
| (3) preferred rate for meeting room rental  | (7) voting rights in the Society             |
| (4) special library and archival privileges | (8) special invitations to Society occasions |

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..... Sustaining (Individual) \$5

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## BOOK REVIEW

*THE WESTERN ABENAKIS OF VERMONT, 1600-1800: WAR, MIGRATION, AND THE SURVIVAL OF AN INDIAN PEOPLE.* By Colin G. Calloway. (Norman: University of Oklahoma Press, 1990). Pp. 346. \$29.95.

This new work answers a need for anyone interested in the Indians associated with the upper Androscoggin and Saco River Valleys, including our own local favorite, Molly Ockett. Much previous work on Indians of the colonial period focused on eastern Abenakis in Maine, while the Indians of northern Vermont, New Hampshire and western Maine were neglected. The earlier studies by Gordon Day reviewed in a previous *COURIER* (Volume VI, Number 1, Spring 1982) led the way; Calloway's very readable volume assembles much information which will be helpful to teachers, students, and local historians interested in native Americans.

The Indian Raid upon Bethel in 1781 is mentioned as is Molly Ockett (found under "O" in the index). The woven purse made by Molly Ockett is used as an illustration; the notes and bibliography are thorough and include the Bethel Historical Society's pamphlet on Molly. What local readers will find fascinating is to see the events and personalities with which they are familiar being set into the larger historical context of regional, national and world developments.

The book is organized chronologically by periods of war and peace; it concludes with a sympathetic and revealing treatment of the Western Abenakis from 1800 to the present.

Those interested in Indians of this region have been patiently waiting for a sound, scholarly study to complement the many anecdotal, local publications. This book is such a volume, highly readable with clear type, good notes

### SOCIETY OFFICERS AND TRUSTEES

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and index as well as interesting illustrations. This is a "must" book for local libraries as well as for individuals who seek to build their own local history collections.

Catherine S-C Newell

*Catherine Newell, Director of Adult and Community Education for SAD #44, is a former president of the Bethel Historical Society and author of its pamphlet on Molly Ockett, scheduled to be reprinted in 1991.*

### NEW LIFE MEMBERS

Arnol K. Brown, Bethel  
Cynthia Cox, Perth, Scotland  
Susan Dooley, Concord, CA  
Harry E. Grover, Jr., Deerfield, IL  
Clarence and Joan Howe, Bethel  
Sallie Pusey, Haymarket, VA  
Louis and Florice Paul, Bethel  
Eleanor Ritchings, Petersburg, VA  
Phyllis Roberts, Newcastle, ME

ANOTHER SELECTION FROM THE MEMOIRS OF L.E. DAVIS  
WILL APPEAR IN THE NEXT ISSUE. Editor

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